DOCUMENT RESUME

ED 422 535 CG 028 604

AUTHOR Bird, Beverly S.
TITLE C.R. Snyder's Research on Self-Handicapping, Excusing, and Hope: Overview and Therapeutic Applications.
PUB DATE 1998-05-00
NOTE 42p.; Doctoral research paper, Biola University.
PUB TYPE Dissertations/Theses - Doctoral Dissertations (041) -- Reports - Research (143)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Coping; *Locus of Control; Psychotherapy; Self Concept; Self Efficacy; *Self Esteem; Social Cognition
IDENTIFIERS *Hope; *Hopelessness; Psychodynamics

ABSTRACT

Persons with low hope are characterized as having an external locus of control that is concerned with protecting an uncertain sense of self-esteem. Strategies are employed to limit negative attributions made by self and others when self-esteem is threatened. Those with high hope, on the other hand, have an internal locus of control, see themselves as being able to generate plans to meet goals, and to accept responsibility for their actions and consequences. Literature reviewed focuses on five areas: (1) defining self-handicapping and excuse-making and how they relate to hope, (2) defining hope and characteristics which lead to a higher sense of hope, (3) measuring hope, (4) application to clinical populations, and (5) psychodynamic application. Anxiety, hypochondriasis, shyness and traumatic life events are discussed as aspects of self-handicapping. Self-image enhancement and excuse-making strategies are related to locus of control. Snyder's Hope Theory and the Hope Scale are reviewed. As strategies to protect or enhance an uncertain sense of self-esteem, self-handicapping and excusing have diminishing returns over time. Limiting culpability through distancing tends to limit growth in responsibility. Snyder's model offers the client improvement in self-esteem through goal-directed mastery. (Contains 36 references.) (EMK)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 422 535

C. R. SNYDER'S RESEARCH ON SELF-HANDICAPPING, EXCUSING, AND HOPE: OVERVIEW AND THERAPEUTIC APPLICATIONS

A Doctoral Research Paper

Presented to

the Faculty of the Rosemead School of Psychology

Biola University

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

---

by

Beverly S. Bird

May, 1998

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

B. BIRD

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG028604

C. R. SNYDER'S RESEARCH ON SELF-HANDICAPPING, EXCUSING, AND HOPE: OVERVIEW AND THERAPEUTIC APPLICATIONS

by

Beverly S. Bird

APPROVED:

Joan W. Jones, PsyD — Date 4-22-98
Joan W. Jones, PsyD

Charles W. Dickens PhD — Date 4-22-98
Charles Dickens, PhD

APPROVED:

Patricia L. Pike, PhD, Dean

4/22/98
Date

Copyright © 1998 by Beverly S. Bird

ABSTRACT

C. R. SNYDER'S RESEARCH ON SELF-HANDICAPPING, EXCUSING, AND HOPE: OVERVIEW AND THERAPEUTIC APPLICATIONS

by

Beverly S. Bird

A sense of hopelessness is a problem that plagues many people at one time or another throughout their lives. Those with low hope are characterized as having an external locus of control which is concerned with protecting an uncertain sense of self-esteem. Strategies are employed to limit negative attributions made by self and others when self-esteem is threatened. Those with high hope, on the other hand, have an internal locus of control, see themselves as being able to generate plans to meet goals, and accept responsibility for their actions and consequences. The literature reviewed will focus on five areas: (a) defining self-handicapping and excuse-making and how they relate to hope, (b) defining hope and characteristics which lead to a higher sense of hope, (c) measuring hope, (d) application to populations, and (e) psychodynamic application.

TABLE OF CONTENTS

PAGE

DOCTORAL RESEARCH PAPER

Introduction....1

Review of Empirical Research....2

Self-Handicapping....2

Anxiety....5

Hypochondriasis....5

Shyness and traumatic life events....6

Self Image Enhancement....8

Excusing....11

Excuse-making strategies....11

Internal/external locus of control....13

Temporal types of excusing....13

Hope Theory and the Hope Scale....16

The ingredients of hope....16

Measuring hope....18

Therapeutic Application....20

Clinical Populations....21

Psychodynamic Theory....24

Summary and Conclusions....29

REFERENCES....32

C. R. SNYDER'S RESEARCH ON SELF-HANDICAPPING, EXCUSING, AND HOPE: OVERVIEW AND THERAPEUTIC APPLICATIONS

Introduction

There are numerous benefits to possessing a hopeful way of thinking. Research has shown that people with higher levels of hope have reduced levels of depression, reduced psychosocial impairment, increased coping skills, and higher work satisfaction, just to name a few. Working with the hypothesis that hope is an important factor in recovery, it is essential to also have a good understanding of what constitutes a sense of hopefulness. This investigator will examine primarily the work of C. R. Snyder as it relates to the topic of hope. Snyder's work on hope began in the early 1980s and continues to the present day. His initial focus was on self-handicapping and evolved into a study of excuses as they relate to the self-representation of internal and external locus of control. Snyder's early work on excuses eventually led to Hope Theory and its applications in clinical populations. Effectively, this is a transitional process from hopelessness to hope and from irresponsibility to responsibility for one's life as reflected in the choices one makes.

Review of Empirical Research

Self-Handicapping

Snyder's early work on self-handicapping was built upon certain theoretical elements of Adlerian psychology (Ansbacher & Ansbacher, 1967) and later upon attribution theory experiments conducted by social psychologists Berglas and Jones (1978). Adler theorized that individuals use symptoms in order to protect or preserve tenuously held or uncertain self-esteem appraisals. He believed that individuals need to maintain a sense of social superiority or control in order to inoculate the self against conditions of failure, disappointment, or frustration (Ansbacher & Ansbacher). Later, Berne (1964) and Carson (1969) hypothesized that psychological symptoms are strategically and systematically employed in order to limit the degree of personal responsibility or liability for either deficient or aberrant behavior.

Social psychologists Berglas and Jones (1978) initially coined the term self-handicapping. They hypothesized that protecting self-esteem through prearranged excuse strategies serves to limit negative self-attribution possibilities. In their study, subjects were given a choice between a drug that either enhanced or interfered with performance on a test of intellect they were going to take. The results showed that subjects who had not previously attained a sense of success on the task selected the performance inhibiting drug. The researchers reasoned that this selection facilitated external attribution for failure, thus representing a self-handicapping strategy. The

studies of Berglas and Jones were conducted on normal subjects not selected on a clinically related personality dimension. Snyder sought to extend the work of Berglas and Jones, as well as the theoretical propositions of Alfred Adler, by directing his research toward the more clinically related dimensions (e.g., test anxiety) of attribution analysis.

In the early 1980s, Snyder began researching the social psychological theory of self-handicapping strategies. A self-handicapping strategy can be broadly defined as a process in which certain individuals engage to minimize the effects of possible negative self-or-other appraisals. Failure is externalized to the handicap rather than being attributed to some personal lack of ability or deficit. The handicap can be anything (e.g., illness, anxiety) which can be used as a ready excuse for failure or potential failure. The goal of the strategy is to reduce personal responsibility for the failure or negative outcome.

A number of researchers have studied ways in which people use various characteristics and behaviors as self-handicapping strategies. Adopting such strategies often constitutes an admission of a problem such as anxiety, shyness, hypochondriasis, or a history of traumatic life events. Although something is lost in such an admission, the protection of self-esteem appears to be more highly valued.

The primary goal of self-handicapping is to protect one's uncertain sense of esteem. In this context, uncertain can also be applied to individuals with high self-esteem. McFarlin and Blascovich (1981) proposed subsets of

high self-esteem, which they named genuine high self-esteem and defensive high self-esteem. Defensive high self-esteem individuals possess a tenuous or uncertain sense of esteem and, therefore, have a high need for approval and are threatened by failure.

Harris and Snyder (1986) studied the role of uncertain self-esteem in self-handicapping. Participants in the study were 108 college undergraduates (54 of each sex). Subjects were given as much time as they needed to practice before taking an intelligence test. A lack of practice would indicate self-handicapping because not practicing could serve as a reason for not doing well on the test and, therefore, help maintain self-esteem in the face of failure. The results indicated that uncertain males practiced less than uncertain females ($p < .01$) and less than certain males ($p < .05$). Although self-handicapping occurred in subjects of both sexes, it appeared to be reflected more in male responses than in female responses. The sex differences between uncertain subjects reported in this study may reflect male subjects' tendency to self-handicap in response to an intellectual evaluation. Women may be more inclined to self-handicap in other evaluative situations.

People employ a variety of self-handicapping strategies in an effort to control negative attributions made by themselves or others. The following is a review of empirical studies which demonstrate the self-handicapping concept.

Anxiety. Smith, Snyder, and Handelsman (1982) examined female college students (N = 117) to study how test anxiety could serve as an explanation for poor performance on an intelligence test. It was predicted that highly test-anxious subjects would report greater anxiety when such "emotionality" was introduced as a viable explanation for low levels of performance. Lower anxiety would be reported when anxiety was excluded as viable explanation for poor performance. The results of the study supported the hypothesis: Subjects who were highly test anxious strategically used anxiety as a symptom to explain lower performance and, therefore, as a self-protective element in the preservation of self-esteem ($p = .011$). Since this study examined only female college students, generalizability to males and other populations is limited. A comparable study with male college students would be valuable to assess their use of anxiety to explain lower performance.

Hypochondriasis. Another study (Smith, Snyder, & Perkins, 1983) examined how hypochondriacal complaints or attributions could serve a self-handicapping function in subjects. The researchers selected female college students (N = 109) to measure the level of hypochondriasis using the Hypochondriasis Scale (Hs) of the Minnesota Multiphasic Personality Inventory (MMPI) and the Cornell Medical Index (CMI). It was predicted that those included in the hypochondriacal groups, as measured by the MMPI and CMI, would report more illness and symptoms in response to a social evaluation threat. The reported symptoms would therefore serve to limit

negative self-and-other attributions regarding low performance. The study supported the hypothesis that when hypochondriacal subjects were permitted to use physical symptoms as excuses, they did so. Furthermore, when hypochondriacal excuses were excluded as possible explanations, the subjects did not attempt to explain failed performance using this excusing strategy. The authors were quick to caution against generalizing these findings to clinical settings since the population studied was not a severe clinical group of individuals with a diagnosis of hypochondriasis. Another limitation of this study is that only female subjects were used.

Shyness and traumatic life events. Snyder and his colleagues, in two separate but related studies, expanded the scope of the self-handicapping strategy. These studies demonstrated how shyness (Snyder, Smith, Augelli, & Ingram, 1985) and a personal history of traumatic life events (Degree & Snyder, 1985) could be used to protect self-esteem and/or avoid responsibility by controlling attributions made by oneself or others in evaluative settings. In the shyness study, subjects (N = 142) were selected from the top and bottom quintiles of a distribution of approximately 1,200 students, based on their scores on the Social Avoidance and Distress Scale (SADS). Subjects were placed in either a social evaluative or non-evaluative group. Subjects in the evaluative group were given instructions which were meant to pose a social evaluative threat. The non-evaluative group received similar instructions while involving a minimal amount of social evaluative threat. After

completing a purported pencil-and-paper test of social intelligence, subjects were placed in one of two shyness effect conditions by being given either instructions that shyness has no effect on performance on the test or no instructions. All subjects then completed a six-item version of the Steinford Shyness Scale (SSS) as a measure of self-reported symptoms of shyness. It was hypothesized that trait socially anxious subjects would report a higher number of shyness symptoms in an evaluative setting where shyness could serve as an excuse for poor performance. The results supported this hypothesis for male subjects but not for female subjects. Male subjects in the no-instructions condition reported more shyness than did subjects in the non-evaluative condition ($p < .08$). Neither high nor low socially anxious females evinced any tendency toward the use of shyness as a self-handicapping strategy. Two factors may account for these sex differences. First, high socially-anxious women selected for the experiment may not have been as shy as the males selected. Second, it was suggested that sex main effects within the experiment were more relevant than those found on the screening measure with regard to the interpretation of self-handicapping effects (Snyder et al., 1985).

Employing the same experimental design, Degree and Snyder (1985) examined female college students ($N = 140$) to investigate the reporting of a history of traumatic life events in an uncertain evaluative situation. Subjects were placed in either a high or low threat condition and were placed in one of

two traumatic history conditions by being given either instructions that traumatic history has no effect on task performance or no instructions. Results of this study supported the hypothesis that when a history of traumatic life events could serve as an excuse for poor performance on a test of social intelligence, the history was emphasized. Subjects in the no-instructions condition reported that background interfered with performance more so than those subjects in the background-has-no-effect condition ($p < .001$).

Given the common view among both laypersons and professionals that debilitating traumatic life experiences can adversely effect one's performance, these excuses can be easily overplayed when they can serve as a suitable explanation for failure. This is not to say that past experiences are unimportant, but rather highlights how an individual's perspective on the past can play a role in one's coping behavior. Only female subjects were chosen for this study in an effort to replicate similar methodology and subject population in a prior study. The authors note the generalization delimitations, namely that male subjects were not included in this study and that the results were obtained on college women who were not necessarily experiencing intense psychological problems.

Self-Image Enhancement

Roth, Snyder, and Pace (1986) examined ways in which subjects (N = 156) distort reality to maintain or protect self-esteem and to avoid depression.

A 60-item true/false scale named the Self-Presentation Scale (SPS) was developed to assess the tendency to present oneself in an urealistically favorable light. Answering true to statements such as "I always enjoy accepting new responsibilities" or false to statements such as "I am sad sometimes" represented an unrealistic positive representation. Under standard administration conditions, subjects also completed the Beck Depression Inventory (BDI), the Self-Consciousness Scale (SCS), and the Rosenberg Self-Esteem Scale. The total score on the SPS and subscale scores for the number of attributed positive traits and denied negative characteristics were correlated with the measures of depression, self-consciousness, and self-esteem.

Results of this study indicated that, if one wants to maintain a sense of psychological well-being, one is more likely to attribute unrealistic positive characteristics to the self than deny negative (and possibly threatening) aspects of the self. In studying the interaction between depression and unrealistic positive self-preservation, the researchers also found that the tendency to attribute unrealistic positive characteristics to the self was helpful in avoiding depression ($p < .05$). Although the authors discussed at length the development of the SPS, they also recommended further research on this scale to examine its psychometric properties.

In a study by Snyder, Lassegard, and Ford (1986), male and female college students ($N = 102$) were examined to study two self-image

maintenance processes in which the subjects engaged in either "basking in reflected glory" or "cutting off reflected failure." "Basking in reflected glory" can be described as an image management technique whereby one links oneself with a successful other. Examples would include a person's announcing being born in the same city as a popular singer or having dined in the same restaurant with a famous celebrity. "Cutting off reflected failure" is a similar image maintenance process; however, the purpose is to distancé oneself from unsuccessful others. These strategies allowed the subjects to use defenses to limit the psychic pain and negative self-attributions under conditions of evaluation. The purpose of identification with successful others and avoiding affiliation with unsuccessful others is believed to at least protect social and self-image, if not enhance it.

In this study, subjects were randomly assigned to three groups. Each group was asked to solve as many of Raven's Progressive Matrices as possible in a 10-min period. Each group was then given feedback regarding their "performance" although the task was not actually scored. The failure-group performance feedback condition was told they had scored the lowest of any group ever tested, a score that ranked in the 30th percentile on national norms. The success-group performance feedback condition was told their score was the highest of any group ever tested with a score which ranked at the 90th percentile on national norms. The no-information group was told nothing about their score. All subjects were then given feedback

manipulation checks which included the Multiple Affective Adjective Checklist (MAACL) which measures anxiety, depression, and hostility, a self-report measure of distancing, and a behavioral measure of distancing. The results showed that the failure group evinced more negative emotions and a higher self-report of distancing. No significant effect of behavioral distancing was found. It appeared that the subjects' identification with the group was the driving force behind their emotions and distancing.

Excusing

Snyder has viewed excuse-making as another form of impression management. To the degree that blame can be displaced from the self to alternative explanations for poor performance, one's self-esteem can be better managed. This section will focus on an elaboration of the excuse-making process which eventually led Snyder into a theory of hope.

The following studies by Snyder and his colleagues examined the process of excuse-making and the benefits people derive from utilizing this form of reality negotiation. Excuse-making and hoping are considered to be examples of different, yet related, reality-negotiating processes (Snyder, 1989).

Excuse-making strategies. Mehlman and Snyder (1985) examined three specific kinds of informational criteria used by people in excusing: consensus, distinctiveness, and consistency. Ninety-six male college students from an introductory psychology class participated in this study. The purpose of this study was twofold: first, to determine whether persons will invoke these

excuse strategies after failure feedback and, second, to test what effect excuse making has on one's emotional state.

First, consensus raising seeks to attribute failure to a generalized condition in which all participants performed poorly due to some externalized reason (e.g., "Everyone else did just as poorly as I did"). Another type of excuse strategy is distinctiveness raising. This is an attempt to convince others that the poor performance is not generalizable to other situations. The poor performance is unique to this person who does well in many other areas of life and, therefore, should be evaluated less severely. Finally, consistency lowering explains a person's behavior whose performance vacillates unpredictably. This inconsistency is attributed to circumstances beyond one's control and may cause the person to be seen as less accountable for a particular poor performance. Thus, excuse theory proposes that people who are threatened by failure will use one or more of the above excuse strategies to lessen personal responsibility for a negative outcome.

The results of this study indicated that in an ego-threatening task (a bogus intelligence test) subjects used two of the three strategies: consistency lowering ($p < .006$) and distinctiveness raising ($p < .02$) responses. The subjects did not use consensus raising responses, perhaps because they knew that the experimenter would have had knowledge of who passed or failed. The subject's awareness of this reality would tend to suppress the tendency to use

an "everyone did just as poorly" excuse strategy (Mehlman & Snyder, 1985). Only male subjects were selected for this study to simplify the design. This study provides a better understanding of the attribution process after failure, although limited by sample size and male-only subjects. A comparison study with female subjects is needed to determine generalizability limits.

Internal/external locus of control. An interesting study by Basgall and Snyder (1988) found that female subjects (N = 96) with an internal locus of control will not tend to resort to excuse behavior to manage threats to self-esteem under evaluative conditions. Conversely, the study found that an external locus of control could be associated with an increased amount of excuse-making behavior. Subjects were preselected based on their score on the Adult Nowicki-Strickland Internal-External Locus of Control Scale. Subjects were then given success or failure feedback on a purported test of social perceptiveness. The study demonstrated that those with an internal locus of control, who perceive that they can modify their own behavior in response to threat or frustration, will not find it necessary to use excuses to limit self-relevant negative attributions. Stated simply, if one has a good offense the need for a good defense is much reduced. Further research is needed to determine whether these same results could be replicated in a male population. The study does, however, provide support for the excuse model.

Temporal types of excusing. In an article by Snyder and Higgins (1988a), the process of excuse-making is further defined by elaborating on three

temporal types of excusing and showing how deception and verbal and nonverbal expressions play a part in this process. The goal is to move causal attributions from the self to alternative explanations and to move responsibility outside the self.

First, retroactive excusing (mild) occurs in response to a failure situation that has already occurred. The excuse can be either verbal or nonverbal. For example, a student who has just failed a test may offer any number of "Yes, but . . ." excuses (verbal) or may offer a few coughs to signal that he isn't feeling well (nonverbal). Often, the nonverbal excuses are observable in some sense and are grounded somewhat in reality; therefore, self-deception is easy.

A second type of excusing is anticipatory (moderate) which is an excusing pattern used when negative outcome is anticipated but has not yet occurred. The student who has not studied for the test may come to the exam coughing and mention that she has been ill. An example offered by Snyder and Higgins (1988a) is the runner who foresees a loss and shows up for a race with a noticeable limp. As long as these excuses are not seen as deliberate by an observing audience, the linkage has been weakened between the person and the failure. While retroactive excuses are primarily verbal, anticipatory excuses involve more of a mixture of verbal and nonverbal excuses.

Finally, incorporated excusing occurs when the person using the excuse and the excuse itself become fused (e.g., alcoholic, depressive, physical

handicap). Incorporated excusing is severe and self-deception is pervasive. The person has moved from making an excuse to being the excuse. The excuse is mentally represented as an aspect of the person's character. The last effort is paradoxical because in an attempt to avoid responsibility for outcomes, the excuser becomes identified as the excuse itself. The writers posited in this article that the excuser's perception of the benefits of excusing, rather than the actual benefits of excuses, determine the valence to the excuse process (Snyder & Higgins, 1988a).

Snyder and Higgins (1988b), in their summary article of earlier research, described the role of excuses in the negotiation of reality. To a greater or lesser degree, excuses serve to move the locus of responsibility outside the individual to some situation or circumstance. They are used as a distancing ploy for the excuser to put some psychological space between him and his actions. Presumably, this enables the individual to maintain some sense of positive self-image and sense of control over one's life under conditions that would otherwise not support these self-representations. Excuses can effectively be used to negotiate reality and maintain an adaptive illusion in the face of ego-threatening circumstances. The excusing process seeks to avoid all loss of control experiences. The excuse effort becomes a kind of negotiation with reality in order to preserve or to control for the affective effects of facing a negative or failure situation (Mehlman, & Snyder, 1985; Peterson, Seligman, & Vaillant, 1988; Roth et al., 1986; Smith et al., 1982;

Snyder et al., 1986).

Hope Theory and the Hope Scale

In 1987, Snyder's research began to focus on the study of hope. Specifically, he wanted to know why some people live their lives full of hope, while others can only see the negative. What are the characteristics which separate the hopeful from the hopeless? Is hope something that can be scientifically measured? Ultimately, Snyder defined hope as a "learned way of thinking about oneself in relation to goals" (Snyder, 1994, p. 23).

The ingredients of hope. Snyder's model of hope is grounded in the importance and necessity of goals in daily living. Although other writers have focused on the importance of goals, Snyder and his colleagues have attempted to elucidate the cognitive set of hope within a goal-setting framework. Within this framework, there are two major, interrelated elements of hope: agency (willpower) and pathways (waypower; Snyder et al. 1991).

The agency component was defined as "a sense of successful determination in meeting goals in the past, present, and future" (Snyder et al., 1991, p. 570). The pathways component refers to one's perceived ability to generate plans to meet goals. Both are necessary to sustain movement toward goals. People who are low on hope lack a sense of personal connection to outcomes in their lives. Until one has acquired a sense of causality (agency) relative to the external world, a sense of hopefulness about life will be weak.

Although Bandura's (1989) theory of self-efficacy differs somewhat from Snyder et al.'s definition of agency, the core of both seems to incorporate a causal linkage to outcomes. Bandura wrote that "Among the mechanisms of personal agency, none is more central or pervasive than people's beliefs about their capabilities to exercise control over events that affect their lives" (p. 1175).

Against the larger back-drop of self theories, Snyder (1989) proposed two principal dimensions of self-appraisal: linkage-to-act and valence-of-act. These represent an interactive matrix within which people evaluate themselves: the valence-of-act dimension (negative to positive self-evaluations) and linkage-to-act dimension (no control of outcome to total control of outcome). These two axes represent what Snyder called an illusion exchange, so named because reality is negotiated or modified to keep the self-representation of a "good person and in control" intact.

The reality negotiation process takes two forms. The first is protective and seeks to limit linkage (increase the distance) between the person and bad outcome or pain (i.e., you don't get what you want, or you get what you don't want). This was defined earlier as excusing. The alternative form, acquisitive, seeks to decrease the distance between the person and positive outcome and is characterized as hoping or pleasure (you get what you want). Stated simply, the person now has both a good ego defense and a good ego offense with which to sustain a consistent theory of the self.

Hoping is a self-enhancing and self-affirming reality negotiation process whereby people attempt to increase linkages to positive acts. Hope is now considered as being derived from acts that increase linkage to positive outcomes. As discussed earlier, these positive outcomes are represented in the form of goals. The ingredients of hope are then subdivided into agency and pathways considerations. Agency is a sense of historic, successful goal-directed energy. Pathways entails a successful history in devising strategies to meet one's goals. "The agency provides the energy to establish the linkage to positive goals and the pathways provide the routes" (Snyder, 1989, p. 143).

Measuring hope. Snyder posited that hope is an essential coping strategy which can be measured (Snyder et al., 1991). Hope is goal-directed determination (agency) and planning of ways to meet goals (pathways). There are individual differences in the degrees of hope; thus, the Hope Scale was developed as a way of measuring the cognitive set of hoping. The Hope Scale consists of 12 items (8 hope items and 4 fillers) and was developed as a dispositional measure of hopefulness. It measures an individual's sense of successful determination toward goal attainment and his or her cognitive appraisals of personal ability to generate and meet goals. Several studies were conducted to evaluate the psychometric properties of the Hope Scale. The results suggested that the Hope Scale possesses adequate discriminant and convergent validity and good discriminant utility in the prediction of coping styles and overall psychological well-being (Snyder et al., 1991).

In 1993, Snyder and his colleagues extended their research on the Hope Scale. A study was conducted to determine if agency and pathways are two distinct constructs. The central question addressed in this study was whether the Hope Scale taps two factors (agency and pathways) or just one. Using four large samples of college students, a confirmatory factor analysis was performed to evaluate the tenability of the proposed factor structure of the Hope Scale. An evaluation for equivalence across gender was also performed. It was determined that these two constructs are distinct; thus, the Hope Scale measures what was intended. The equivalence of a construct across gender groups was also demonstrated (Babyak, Snyder, & Yoshinobu, 1993).

Two other related instruments which measure hope have been developed by Snyder and his colleagues: the Children's Hope Scale and the State Hope Scale. Assuming that children are goal-oriented, a six-item self-report index called the Children's Hope Scale was developed and used for measuring levels of hope in children ages 8 through 16 years (Snyder et al., 1997). The initial 12-item version of the Children's Hope Scale was tested on a sample of public school children in Oklahoma ($\underline{N}$ = 372). No significant gender differences emerged. This study aimed to extend the constructs developed in the Hope Scale to younger populations and measure levels of coping strategies. This study was limited by population size, and the investigators suggested expanded research in this area. However, hope constructs were identified as relevant for children (Snyder et al., 1997).

While the Hope Scale was developed as a dispositional measure of hopefulness, the State Hope Scale measure of hopefulness is directed toward a given moment or a specific circumstance (Snyder et al., 1996). This study provided correlation-based validational information for the State Hope Scale. A total of 168 male and female undergraduate students participated in this study. Results indicated that the six-item State Hope Scale is comprised of two robust factors reflecting agency and pathway thinking. Only marginally significant gender differences were found, with men scoring somewhat higher than women. State hope measures could be useful in measuring changes in goal-directed thinking and in measuring the valence of interventions in various forms of research applications, as well as clinical applications.

Therapeutic Application

Various therapeutic modalities have differing points of emphasis that purport to enhance the overall functioning of patients. Although the methods may differ in emphasis, most therapeutic modalities seek to increase the element of personal agency and pathways which individuals have toward their goals of living. Hope theory, because of its heavy emphasis on goals, is useful for many treatment modalities.

Hope theory has been applied to a number of clinical populations. The following research demonstrates how general issues of psychological,

physical, and spiritual wellness are directly related to varying levels of hope. Given that hoping and excusing are selective cognitive processes for attending to and eventually dealing with reality, those with a reality negotiation style which attends to the hoping process will find the greatest benefits over time.

Clinical Populations

The two components of hope (agency and pathways) have been applied to individuals with severe spinal cord injuries (Elliott, Witty, Herrick, & Hoffman, 1991). Forty-five men and 12 women with traumatically acquired spinal cord injuries participated in this study. The purpose of the study was to examine the relationship of agency and pathways (the two components of hope) to the psychological adjustment of people with traumatically acquired physical disabilities. It was hypothesized that agency and pathways would be related to depression and psychosocial impairment. The Inventory to Diagnose Depression (IDD) was used as a criterion variable, and the Sickness Impact Profile (SIP) was used to measure psychosocial impairment.

The results of the study revealed that a sense of agency and pathways interactions was predictive of reduced psycho-social impairment and reduced levels of depression over time. As hypothesized, the total score on the Hope Scale was significantly related to the criterion variables. The negative correlations with depression ($r = -.32$, $p < .01$) and psychosocial impairment ($r = -.44$, $p < .001$) indicate that higher levels of hope were associated with lower

depression and psychosocial impairment scores. The pathways component tended to be a stronger measure of enhanced reality negotiation than the agency component. The individuals' perceptions of their ability to cope based on agency and ability to generate coping strategies were predictive of improved overall levels of functioning in social capacities (Elliott et al., 1991).

Hope Theory has also been applied to nurses in chronic care rehabilitation facilities (Sherwin et al., 1992). Subjects participating in this study were 81 nurses (73 females and 8 males) stationed in six hospitals. All participants worked with patients who had severe physical impairments. The results of the study appeared to show that hope was predictive of reduced levels of emotional exhaustion and depersonalization. Hope was also associated with higher levels of personal accomplishment or work satisfaction and with less burnout. The results supported the idea that hope was an effective method of dealing with prolonged stress even under conditions that were not considered to be a direct threat to the self-image of the nurses. Hope (high agency and high pathways) is a perceptual set that affirms the self and produces self-confidence, whereas low hope (low agency and low pathways) is a perceptual set that disaffirms and erodes one's sense of self under stressful situations. The authors acknowledge the limitations of this study: The working conditions may have varied from site to site, confounding the relationship between hope and burnout, and there was insufficient sampling of rehabilitation nurses. Despite these concerns, the

study examines an area which has important implications for those in the helping profession.

Two recent articles by Snyder (1995, 1996) represent a summary of his previous research and present day conceptualizations of the adaptive condition of hoping and maladaptive condition of excusing. These articles outline a number of important directives for psychotherapeutic interventions with various psychiatric populations, as well as the management of the painful conditions of disappointment and loss (unsuccessful goal obtainment).

Psychiatric patients could benefit from an instrument to diagnose current levels of hope. The Hope Scale could determine, for example, if an individual is high on agency but low on pathways to some desired outcome in life. Specific interventions could be made to derive alternative paths to stated goals. Conversely, an individual could be low on agency and high on pathways, and specific interventions could be made to bolster his or her sense of energy or desire in order to facilitate goal acquisitions.

Another important consideration of the easily administered Hope Scale is that therapists could assess themselves to determine their own level of hope (Snyder, 1995). Therapist depletions with regard to hope have been associated with depression, burnout, and misconduct in therapeutic situations (Guy, 1987). Once accurate hope deficiencies have been assessed, interventions at the agency, pathway, or goal levels could be made (Snyder,

1994).

Hope Theory is therefore useful in treatment for both the therapist and the patient. Hope is a goal-oriented cognitive set and, by definition, it asks the question, "Why are you here and what do you want?" (Snyder, 1994). Many people with an undefined sense of self do not know what they want, much less how to get it or how to invoke the passion necessary to pursue it.

Psychodynamic Theory

Even those interventions which are more psychodynamic in nature can benefit from goal specifications. Psychodynamic theory of psychological conflict is predicated on the theory of unconscious and incompatible goals which usually operate at a preconscious or unconscious level (Hedges, 1983). The uncovering and delineation of these opposing goal structures are helpful for both patient and therapist (Blanck & Blanck, 1974, 1979).

Parental interactions that are dominated by critical or judgmental labeling systems, as opposed to a mastery model of living, will tend to foster a susceptibility to excusing and self-handicapping behaviors (Horner, 1989). A significant element in the etiology of excusing emanates from the uncertainty of whether or not one will be accepted or approved of under conditions of either positive or negative outcomes (Snyder, 1994). Excusing, from a psychodynamic perspective, stems from a child-like fear of being judged as bad, inadequate, or helpless in one's interaction with the world (Horner, 1989). The early stages of psycho-social child development are built upon

countless sets of interactions with parents in which good-self and bad-self representations, in conjunction with good-other and bad-other representations are encoded into memory (Kernberg, 1976; Mahler, Pine, & Bergman, 1975). Collectively, these memories form elaborate sets of schemata about the self and the world and how the self can function in the world (Hedges, 1983).

Psychodynamic object relations theory contends that the patterning of mental schemata referred to as the self and the mental schemata referred to as the object takes place in predictable hierarchical stages (Horner, 1991). These stages are generally characterized as attachment, symbiosis, separation-individuation, and object constancy. Human beings mature along this developmental continuum in the normal course of psychological development (Blanck & Blanck, 1974, 1979; Mahler et al., 1975).

Psychodynamic object relations therapy seeks to define, explicate, and alter developmental arrests, failures, or injuries that occur along the psychological developmental continuum (Blanck & Blanck, 1974, 1979; Hedges, 1983; Horner, 1989). Therapy seeks to enhance the strength of the self representations and to enhance ego capacity to process pain, disappointment, frustration, and loss encountered in the course of living (Hedges, 1983).

Broad psychodynamic models of psychotherapy would view excusing as a regressive act and a defensive retreat from autonomous, reality based (adult level) ego-functioning (Blanck & Blanck, 1974, 1979). These kinds of

defensive avoidance activities leave the individual disempowered and unable to effectively negotiate and resolve difficulties in living in a reality based world (Hedges, 1983). As these various developmental stages and the necessary developmental tasks or functions contained within them are dealt with, the client is able to obtain an enduring sense of intrinsic power based on a firmly established sense of self engaging in intentionality toward goals of living (Horner, 1989).

Snyder's model of hope and Horner's model of intrinsic power share the common elements of the will to pursue goals (desire), mastery considerations based on successful learning experiences (waypower), and goals of living. Identity or "I am" is implicit in Snyder's model, whereas it is explicit in Horner's model. Horner (1991) wrote, "Intrinsic power is defined in terms of identity (I am), competency (I can), and intentionality (I will). With a healthy sense of intrinsic power, the child should be well equipped to meet the challenges of the years ahead" (p. 35). She stated that these three self and object representational statements are derived out of the individual's successful progression through development (Horner, 1989). The developmental strides to individuate from the mother immediately introduce the child to the awareness of an existence apart from mother, namely the "I am" condition (Horner, 1989). Disruptions in the "I am" area yield significant threats to existence and warrant the development of a split self-and-other adaptation. Disruptions in the earlier stages of psychological

development would be characterized by good/bad defensive splitting and are indicative of a child-like way of perceiving and interacting in the world (Hedges, 1983; Kernberg, 1976).

Under conditions of psychological threat, children learn to make excuses as a false-self defensive mechanism because they have limited choices, limited control, and significant concerns about parental attitudes toward them (Horner, 1989). The child's survival is dependent on the maintenance of positive connections to parents (Hedges, 1983; Mahler et al., 1975). Effectively, the excuse position is a projected "not me" or "bad me" position devised to maintain positive self connection (good me) to the parent (good other) in the face of negative circumstances or outcomes of experience (Hedges, 1983). By negotiating reality in this way, self and object representations remain constant. The child is thus able to negotiate reality of self and other to maintain an unbroken connection to significant care-givers even under conditions of disruption or frustration (Hedges, 1983).

As maturation occurs and the child continues to move away from attachment and symbiotic concerns of the "I am" phase, the progression is into the "I can" phase of separation and individuation. The need to use good/bad splitting is reduced and replaced with narcissistic gratification based on mastery considerations in the world (Horner, 1989). Over time, the need to use avoidant or splitting perceptual processes is replaced by the pursuit of gratification based on development of desires, skills, competency, and

eventually mastery (Hedges, 1983; Horner, 1989; Kernberg, 1976). The "I can" element of intrinsic power is characterized by mastery, competence, and personal efficacy. Disruptions in this area yield significant disruptions in the area of self esteem (Horner, 1989).

The "I will" element is characterized by a consciously articulated intentionality toward goals in the world. "The child's developing goals and interests require access to will if they are to be pursued" (Horner, 1989, p. 80). The developmental areas that would facilitate the "I will" element would be contained in the final stages of the developmental continuum. Disruptions in this developmental area will produce arrests in the capacities of proaction or initiation. Additionally, if the "I am" and the "I can" areas are failed, then "I will" is truncated as well. Adult levels of functioning are concerned with mastery and accomplishment in living (Horner, 1989).

The successive and progressive interaction of these three characterizations of the self (i.e., "I am," "I can," "I will") are diagnostic of a higher level of adult functioning and maturity. The adult position is, in effect, a self-affirming or "I" representational system, whereas the child or excusing position is a self negating or a "not I" representational system (Horner, 1989). The degree to which these three elements of intrinsic power are deficient would be indicative of some degree of developmental failure. The individual with a firmly established sense of intrinsic power can face the vicissitudes of their reality or experience without the need to resort to

defensive avoidance of those realities or experiences (Hedges, 1983; Horner, 1989). Snyder resolves this same difficulty in living by the repetitive implementation of willpower, waypower, and goal setting.

Summary and Conclusions

Self-handicapping and excusing are strategies employed by people to either protect or enhance an uncertain sense of self-esteem. These strategies serve to protect against negative attributions made by oneself or others against the self. This protection is achieved by attributing the causality for bad outcomes to an external source or circumstance not related to the self. This has the net effect of leaving a person feeling more in control of circumstances or outcomes and maintaining the self-representational status of goodness. This perceptual process has a price: loss of responsibility.

The excusing and self-handicapping processes have diminishing returns over time. Although they limit culpability through distancing, it is that very distancing that leaves the person separated from the dynamic of personal responsibility which is needed in order to be able to move toward proactive behavior. Once excusing or distancing has occurred, "response-ability" or ability to respond to circumstances or outcomes is limited because the excuser has defined himself as a "not about me" constituent. Hope for change possibilities then becomes lost. Excusing and self-handicapping are detrimental to the process of hope because they undermine the ability to take

responsibility for choices. Only when one links choice and action to circumstance and causality in the external world can hoping (i.e., goal setting) be accomplished. Hope is built on implementation of desire, pathways, and goals. As such, hope is a self-affirming process in the sense that it is not avoidant but assertive.

Psychodynamically speaking, this is a cognitive perspective on how to integrate the split-off, dispossessed parts of the self into a unified or whole sense of self. It is an effective antidote for the good me/in control and bad me/out of control self-representational pattern or tendency. Snyder is attempting to effectively integrate the good/bad splits through ego-acquisition and ego-enhancement mentation processes. Excusing is an attempt to protect self-esteem, but ultimately the benefits to self-esteem are limited. Excusing is used to limit personal connections to outcomes. This defensive avoidance of responsibility serves the temporary purpose of limiting the pain of failure, but the long-term consequence to the self is negation and isolation.

Self-esteem is better supported through goal-directed mastery, accomplishment, and a sense of personal competency. Mastery (in the face of obstacles) becomes the new paradigm, versus the avoidance of criticism or judgment in the face of negative outcomes. The clear delineation of goals as objects of interest or desire is essential to any proactive behavior. The desire or passion with which to pursue the goal, followed by the imposition of multiple pathways to pursue the goal, is an ego-enhancing or self-affirming

process. This process, when repetitively employed, will aid in the acquisition of healthy self-esteem and the development of a competent self, living in a dynamic world. Hope Theory, which can be measured by the Hope Scale, is useful because it identifies areas of relative strength and weakness in terms of agency, pathways to obtain desired goals, and the object of desire or goals.

Snyder's model could be enhanced by an expanded view which takes into account emotion as a powerful concomitant to the process of self-delineation and maturation. Although Snyder does not negate the significance of emotion, he does not emphasize it; therefore, this could be integrated into his model. The emotions associated with the pursuit or avoidance of goals are significant elements in fully understanding the process of change. The pursuit of pleasure, the avoidance of pain, and their interactions with both the hoping process and excusing process present significant issues that must be accounted for in any model of change.

REFERENCES

Ansbacher, H. L., & Ansbacher, R. R. (Eds.). (1967). The individual psychology of Alfred Adler. New York: Basic Books.

Babyak, M. A., Snyder, C. R., & Yoshinobu, L. (1993). Psychometric properties of the hope scale: A confirmatory factor analysis. Journal of Research in Personality, 27, 154-169.

Bandura, A. (1989). Human agency in social cognitive theory. American Psychologist, 44, 1175-1184.

Basgall, J. A., & Snyder, C. R. (1988). Excuses in waiting: External locus of control and reactions to success-failure feedback. Journal of Personality and Social Psychology, 54, 656-662.

Berglas, S., & Jones, E. (1978). Drug choice as a self-handicapping strategy in response to noncontingent success. Journal of Personality and Social Psychology, 36, 405-417.

Berne, E. (1964). Games people play. New York: Grove Press.

Blanck, G., & Blanck, R. (1974). Ego psychology: Theory and practice. New York: Columbia University Press.

Blanck, G., & Blanck, R. (1979). Ego psychology II: Psychoanalytic developmental psychology. New York: Columbia University Press.

Carson, R. C. (1969). Interaction concepts of personality. Chicago: Aldine.

Degree, C. R., & Snyder, C. R. (1985). Adler's psychology (of use) today: Personal history of traumatic life events as a self-handicapping strategy. Journal of Personality and Social Psychology, 48, 1512-1519.

Elliott, T., Witty, T. E., Herrick, S., & Hoffman, J. T. (1991). Negotiating reality after physical loss: Hope, depression, and disability. Journal of Personality and Social Psychology, 61, 608-613.

Guy, J. D. (1987). The personal life of the psychotherapist. New York: Wiley & Sons.

Harris, R. N., & Snyder, C. R. (1986). The role of uncertain self-esteem in self-handicapping. Journal of Personality and Social Psychology, 51, 451-458.

Hedges, L. E. (1983). Listening perspectives in psychotherapy. Northvale, NJ: Jason Aronson.

Horner, A. J. (1989). The wish for power and the fear of having it. Northvale, NJ: Jason Aronson.

Horner, A. J. (1991). Psychoanalytic object relations theory. Northvale, NJ: Jason Aronson.

Kernberg, O. F. (1976). Object relations theory and clinical psychoanalysis. Northvale, NJ: Jason Aronson.

Mahler, M. S., Pine, F., & Bergman, A. (1975). The psychological birth of the human infant. New York: Basic Books.

McFarlin, D. B., & Blascovich, J. (1981). Effects of self esteem and performance feedback on future affective preferences and cognitive expectations. Journal of Personality and Social Psychology, 40, 521-531.

Mehlman, R. C., & Snyder, C. R. (1985). Excuse theory: A test of the self-protective role of attributions. Journal of Personality and Social Psychology, 49, 994-1001.

Peterson, C., Seligman, M. E. P., & Vaillant, G. E. (1988). Pessimistic explanatory style is risk factor for physical illness: A thirty-five-year longitudinal study. Journal of Personality and Social Psychology, 55, 23-27.

Roth, D. L., Snyder, C. R., & Pace, L. M. (1986). Dimensions of favorable self-presentation. Journal of Personality and Social Psychology, 51, 867-874.

Sherwin, E. D., Elliott, T. R., Rybarczyk, B. D., Frank, R. G., Hanson, S., & Hoffman, J. (1992). Negotiating the reality of caregiving: Hope, burnout, and nursing. Journal of Social and Clinical Psychology, 11, 129-139.

Smith, T. W., Snyder, C. R., & Handelsman, M. M. (1982). On the self-serving function of an academic wooden leg: Test anxiety as a self-handicapping strategy. Journal of Personality and Social Psychology, 42, 314-321.

Smith, T. W., Snyder, C. R., & Perkins, S. C. (1983). The self-serving function of hypochondriacal complaints: Physical symptoms as self-handicapping strategies. Journal of Personality and Social Psychology, 44, 787-797.

Snyder, C. R. (1989). Reality negotiation: From excuses to hope and beyond. Journal of Social and Clinical Psychology, 8, 130-157.

Snyder, C. R. (1994). The psychology of hope: You can get there from here. New York: The Free Press.

Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. Journal of Counseling and Development, 73, 355-360.

Snyder, C. R. (1996). To hope, to lose, and to hope again. Journal of Personal and Interpersonal Loss, 1, 1-16.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. Journal of Personality and Social Psychology, 60, 570-585.

Snyder, C. R., & Higgins, R. L. (1988a). Excuses: Their effective role in the negotiation of reality. Psychological Bulletin, 104, 23-35.

Snyder, C. R., & Higgins, R. L. (1988b). From making to being the excuse: An analysis of deception and verbal/nonverbal issues. Journal of Nonverbal Behavior, 12, 237-252.

Snyder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., Danovsky, M., Highberger, L., Rubinstein, H., & Stahl, K. J. (1997). The development and validation of the Children's Hope Scale. Journal of Pediatric Psychology, 22, 399-421.

Snyder, C. R., Lassegard, M., & Ford, C. E. (1986). Distancing after group success and failure: Basking in reflected glory and cutting off reflected failure. Journal of Personality and Social Psychology, 51, 382-388.

Snyder, C. R., Smith, T. W., Augelli, R. W., & Ingram, R. E. (1985). On the self-serving function of social anxiety: Shyness as a self-handicapping strategy. Journal of Personality and Social Psychology, 48, 970-989.

Snyder, C. R., Sympson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. Journal of Personality and Social Psychology, 70, 321-335.

VITA

NAME:

Beverly S. Bird

EDUCATION:

Rosemead School of Psychology Clinical Psychology	Psy.D.	(Cand.)
Rosemead School of Psychology Clinical Psychology	M.A.	1991
Georgia State University Community Counseling	M.S.	1989
East Tennessee State University Biology	B.S.	1981

PRACTICA:

Catholic Charities of Los Angeles Outpatient Rotation	1993 -	1994
Foothill Community Mental Health Center Outpatient Rotation		1991
Brea Canyon Hospital Inpatient Rotation		1992
Upland Unified School District School Rotation	1991 -	1992

EMPLOYMENT:

Minirth-Meier Clinics West Staff Therapist	1991 -	1995
San Bernardino County Department of Mental Health Intern	1994 -	1995